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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 4714

SERIAL NUMBER 09/547,220	FILING DATE 04/11/2000 RULE	CLASS 530	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 10165-006-999
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APPLICANTS

Michael Brines, Woodbridge, CT;
Anthony Cerami, New York, NY;
Carla Cerami, Sleepy Hollow, NY;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/129,131 04/13/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/15/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CT	17	27	5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

20583

TITLE

Methods for treating cerebral ischemia by peripherally administered erythropoietin

FILING FEE RECEIVED 771	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 4714

SERIAL NUMBER 09/547,220	FILING DATE 04/11/2000 RULE	CLASS 435	GROUP ART UNIT 7836 1647	ATTORNEY DOCKET NO. 10165-006-999
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APPLICANTS

Michael Brines, Woodbridge, CT;
 Anthony Cerami, New York, NY;
 Carla Cerami, Sleepy Hollow, NY;

** CONTINUING DATA *****

AM THIS APPLN CLAIMS BENEFIT OF 60/129,131 04/13/1999

** FOREIGN APPLICATIONS *****

AM *None*

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 06/15/2000

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 17	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Examiner's Advance			
Verified and Acknowledged	<i>AM</i>	Initials			

ADDRESS

20583

TITLE

Modulation of excitable tissue function by peripherally administered erythropoietin

FILING FEE RECEIVED 771	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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